

APPLICATION DATA SHEET

APPLICATION INFORMATION

10/829,452 **Application Number::** 04/22/04 **Application Date:: Application Type::** REGULAR UTILITY Subject Matter::

CD-ROM or CD-R?:: NONE PAPER Sequence Submission?::

Computer Readable Form (CRF)?:: YES Number of Copies of CRF:: 1

INHIBITING THE GROWTH OF Title::

BACTERIAL BIOFILMS

251030US Attorney Docket Number::

Total Drawing Sheets:: 9

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: France

Status:: **FULL CAPACITY**

Given Name:: Jean-Marc

GHIGO Family Name::

City of Residence:: Fontenay-aux-roses

Country of Residence:: France

Street of Mailing Address:: 33 rue des Moulins a vent

City of Mailing Address:: Fontenay-aux-roses

Country of Mailing Address:: France Postal or Zip Code of Mailing Address:: 92260

Applicant Authority Type:: **INVENTOR**

Primary Citizenship Country:: France

FULL CAPACITY Status::

Given Name:: Christophe **BELOIN** Family Name:: City of Residence:: Rambouillet

Country of Residence:: France

Street of Mailing Address:: 9 allee aux lapins

City of Mailing Address:: Rambouillet

Country of Mailing Address:: France Postal or Zip Code of Mailing Address:: 78120

Applicant Authority Type:: **INVENTOR** Primary Citizenship Country:: France

FULL CAPACITY Status::

Given Name:: **Patricia**

LATOUR-LAMBERT Family Name::

City of Residence:: Paris Country of Residence:: France

Street of Mailing Address:: 13 rue de la Glaciere

City of Mailing Address:: Paris Country of Mailing Address:: France Postal or Zip Code of Mailing Address:: 75013

CORRESPONDENCE INFORMATION

22850 Correspondence Customer Number::

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | 119(e) of | 60/464,333 | 04/22/03 |
| 60/464,333 | 119(e) of | 60/517,391 | 11/06/03 |

ASSIGNMENT INFORMATION

INSTITUT PASTEUR Assignee Name::

28, rue du Docteur Roux Street of Mailing Address::

City of Mailing Address:: Paris Country of Mailing Address:: **FRANCE** 75015